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Alison Lundergan Grimes  
 Kentucky Secretary of State  
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**COMMONWEALTH OF KENTUCKY**  
**ALISON LUNDERGAN GRIMES, SECRETARY OF STATE**

Division of Business Filings  
 Business Filings  
 PO Box 718  
 Frankfort, KY 40602  
 (502) 564-3490  
 www.sos.ky.gov

**Articles of Incorporation**  
**Non-profit Corporation**

NAI

Please note: This form does not comply with 501 (C) status. You should contact the Internal Revenue Service prior to filing the Articles of Incorporation.

Pursuant to KRS 14A and KRS 273, the undersigned applies to qualify and for that purpose submits the following statements:

Article I: The name of the corporation is The Thomas H. Wernsing Wig Relief Foundation, Inc.

Article II: The purpose for which the corporation is organized to provide wigs at no or low cost to chemotherapy patients.

Article III: The name of the registered agent is Cris J. Baker

and the street address of the corporation's initial registered office in Kentucky is

684 Matlock Road	Bowling Green	KY	42103
Street Address (No Post Office Box Numbers)	City	State	Zip Code

Article IV: The mailing address of the corporation's principal office is

1051 Bryant Way, Suite I & J	Bowling Green	KY	42103
Street or PO Box Number	City	State	Zip Code

Article V: The number of directors (minimum of three (3) required) constituting the initial board of directors is 3

The names and mailing addresses of the persons who are to serve as the initial board of directors are as follows:

Cris J. Baker	684 Matlock Road	Bowling Green	KY	42104
Name	Street or PO Box Number	City	State	Zip Code
Stephen A. Baker	684 Matlock Road	Bowling Green	KY	42104
Name	Street or PO Box Number	City	State	Zip Code
Jane Wernsing	3436 Fair Oaks Ave.	Bowling Green	KY	42104
Name	Street or PO Box Number	City	State	Zip Code

Article VI: The name and mailing address of the incorporator is

Cris J. Baker	684 Matlock Road	Bowling Green	KY	42104
Name	Street Address or Post Office Box Number	City	State	Zip Code
Name	Street Address or Post Office Box Number	City	State	Zip Code
Name	Street Address or Post Office Box Number	City	State	Zip Code

Article VII: This application will be effective upon filing, unless a delayed effective date and/or time is provided. The effective date or the delayed effective date cannot be prior to the date the application is filed. The date and/or time is \_\_\_\_\_

(Delayed effective date and/or time)

I/We declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct.

<u>Cris J. Baker</u>	Cris J. Baker, Incorporator	3/30/2015
Signature of Incorporator	Print Name & Title	Date

I, Cris J. Baker, consent to serve as the registered agent on behalf of the corporation.

<u>Cris J. Baker</u>	Cris J. Baker, Registered Agent	3/30/2015
Signature of Registered Agent	Print Name & Title	Date